

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213540706			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: The Bar Plan Mutual Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MO</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2013</p> <p>SCC ID NO: F1520990</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1717 HIDDEN CREEK CT</p> <p style="margin-left: 40px;">CITY/ST/ZIP: SAINT LOUIS, MO 63131</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KAREN R MCCARTHY TITLE: P/CEO ADDRESS: 1717 HIDDEN CREEK COURT CITY/ST/ZIP/CO: ST LOUIS, MI 63131 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KAREN R MCCARTHY TITLE: P/CEO ADDRESS: 1717 HIDDEN CREEK COURT CITY/ST/ZIP/CO: ST LOUIS, MI 63131	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KENT O HYDE TITLE: TREASURER ADDRESS: 1121 S GLENSTONE CITY/ST/ZIP/CO: SPRINGFIELD, MO 65804 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KENT O HYDE TITLE: TREASURER ADDRESS: 1121 S GLENSTONE CITY/ST/ZIP/CO: SPRINGFIELD, MO 65804	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Ann Hagan TITLE: Secretary ADDRESS: 210 E Love CITY/ST/ZIP/CO: Mexico, MO 65265 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Ann Hagan TITLE: Secretary ADDRESS: 210 E Love CITY/ST/ZIP/CO: Mexico, MO 65265	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	David Monday	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1215 Grey Fox Fun		
CITY/ST/ZIP/CO:	Weldon Springs, MO 63304		
NAME:	Walter Lamkin	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2724 Turnberry Park Lane		
CITY/ST/ZIP/CO:	St. Louis, MO 63131		
NAME:	Richard Steele	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	3113 Independence		
CITY/ST/ZIP/CO:	Cape Girardeau, MO 63702		
NAME:	John Gunn	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1714 Deer Tracks Trail, Suite 240		
CITY/ST/ZIP/CO:	St. Louis, MO 63131		
NAME:	Mike Delaney	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4700 Country Club Drive		
CITY/ST/ZIP/CO:	Jefferson City, MO 65109		
NAME:	Gregory Klaus	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	1717 Hidden Creek Court		
CITY/ST/ZIP/CO:	St. Louis, MO 63131		
NAME:	Cindy Pulvirenti	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1717 Hidden Creek Court		
CITY/ST/ZIP/CO:	St. Louis, MO 63131		
NAME:	Gayle Tegtmeier	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1717 Hidden Creek Court		
CITY/ST/ZIP/CO:	St. Louis, MO 63131		
NAME:	Teresa Niederwimmer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1717 Hidden Creek Court		
CITY/ST/ZIP/CO:	St Louis, MO 63131		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KAREN R MCCARTHY	KAREN R MCCARTHY, P/CEO	8/29/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			